

244044

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to Change Name on Class C Taxi Certificate

Alonzo Hamilton DBA Hamilton Limo Service

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2011 - 23 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: *Alonzo Hamilton

Telephone: *843-200-7344 or 843-811-8359

Address: *259 Sweet Alyssum Dr
Ladson S.C. 29456

Fax: *

Other: *

Email: *AHAMILTON@SC.PS.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☒ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: _____

RECEIVED

MAY - 9 2013

TRANS DEPT

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
 Clerk's Office
 Motor Carrier Matters
 P.O. Box 11649
 Columbia, S.C. 29211
 (803) 896 - 5100
 FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1401 Main Street, Suite 900
 Columbia, S.C. 29201
 (803) 737-0578
 FAX (803) 737-0815

RECEIVED

DATE: May 6, 2013

MAY - 9 2013

TRANS DEPT

I have the following Certificate:

☒ Class C Taxi # 8373 ☐ Class C Charter # ☐ Class C Charter Bus #
☐ Class C Non-Emergency #

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: Alonzo Hamilton DBA: Hamilton Limo Service
 (Current Name) (Current DBA if applicable)

TO: Hamilton Airport Shuttle, LLC DBA:
 (New Name) (New DBA if applicable)

☐ Scope of Authority

From: Not applicable To:
 (Current Scope) (New Scope)

☐ Passenger Limit

From: Not applicable To:
 (Current Limit Number) (New Limit Number)

Alonzo Hamilton DBA Hamilton Limo Service

Name & DBA if DBA is applicable)

259 Sweet Alyssum Dr
 (Street and/or Mailing Address)

259 Sweet Alyssum Dr
 (City, State, Zip Code)

Alonzo Hamilton
 (Signature)

843. 200-7344. or 843 851-8359
 (Telephone Number)

Owner
 (Title) Owner, President, etc.

FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE
LIABILITY CERTIFICATE OF INSURANCE
 (EXECUTED IN TRIPLICATE)

Filed with SC Office of Regulatory Staff (hereinafter called Commission)
 (Name of Commission)

This is to certify, that the Columbia Insurance Company
 (Name of Company)

(hereinafter called Company) of 3024 Harney Street, Omaha, NE 68131
 (Home Office Address of Company)

has issued to HAMILTON AIRPORT SHUTTLE LLC
 (Name of Motor Carrier)

of 259 SWEET ALYSSUM DRIVE LADSON, SC 29456
 (Address of Motor Carrier)

a policy or policies of insurance effective from 04/12/2013 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commissioner.

Countersigned at 3024 Harney Street Omaha NE 68131
 (Street Address) (City) (State) (ZIP Code)

this 29th day of April, 20 13



Authorized Representative

Insurance Company File No. 71APS041194
 (Policy Number)

325,000 CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302(b)(2)) and 49 CFR § 387.301

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MAY - 6 2013

TRANS DEPT

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

HAMILTON AIRPORT SHUTTLE LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 19th, 2013, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
19th day of March, 2013.

Mark Hammond
Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company - Domestic
Filing Fee - \$110.00

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

MAR 19 2013

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Hamilton Airport Shuttle LLC

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

259 Sweet Alyssum Drive

Street Address

Ladson SC

City

29456

Zip Code

3. The initial agent for service of process is

Alonzo Hamilton

Name

Alonzo Hamilton

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

259 Sweet Alyssum Dr

Street Address

Ladson

City

SC

29456

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

Alonzo Hamilton

(a) *Hamilton Airport Shuttle*

Name

259 Sweet Alyssum Drive

Street Address

Ladson SC

City

State

29456

Zip Code

(b)

Name

Street Address

City

130319-0298

FILED: 03/19/2013
HAMILTON AIRPORT SHUTTLE LLC

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

Name of Limited Liability Company

Hamilton Airport Shuttle

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. N/A
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) N/A
Name _____
Street Address _____
City _____ State _____ Zip Code _____
- (b) N/A
Name _____
Street Address _____
City _____ State _____ Zip Code _____
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.
March 19, 2013
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

[Signature]
Signature of Organizer

3/19/13
Date

Signature of Organizer

Date